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Attorney Name

ATTORNEY FOR THE STATE

MONTANA District # JUDICIAL DISTRICT YOUTH COURT,
County Name COUNTY

| | |
|---|--|
| In The Matter Of MONTANA DEPT. OF CORRECTIONS, Petitioner, and Respondent(s) Name, Respondent(s). | CAUSE NO. Cause # REQUEST FOR ENTRY OF DEFAULT AND APPLICATION FOR DEFAULT JUDGMENT |
|---|--|

Respondents have been duly served with Summons in the above-entitled action and have not made an appearance herein by answer or otherwise within the time allowed by law. Thus, Petitioner respectfully requests that Respondents' default be entered by the Clerk of Court and that the Court issue a default judgment.

DATED this ____ day of [Click here to enter a date.](#)

Attorney Name
Special Assistant Attorney General

CERTIFICATE OF SERVICE

I hereby certify that the foregoing was duly served upon the following by mail, hand delivery, Federal Express, or facsimile transmission:

Name
Street
City, State, Zip Code

☐ U.S. mail
☐ Federal Express
☐ Hand delivery
☐ Facsimile transmission

DATED this _____ day of [Click here to enter a date.](#)

RPA's Name
Regional Program Administrator